



# RAJASTHAN MEDICAL COUNCIL

Sardar Patel Marg, C-Scheme, Jaipur-302001

Phone: 91-141-2225102 Website: <http://www.rmcaipur.org>

## APPLICATION FORM FOR OBTAINING DUPLICATE COPY OF RENEWAL CERTIFICATE OF REGISTRATION

*(Please read the instructions carefully before filling the form)*

Name of Dr. .... R.No. .... Dt. .... Rs. ....

To,

The Registrar  
Rajasthan Medical Council,  
Jaipur.

To affix recent photograph  
Self-Attested  
Size(3.5cm X 2.5cm)

**Sub: - Regarding issue of Duplicate Copy of Renewal Certificate of Registration.**

Sir/Madam,

In reference to the above subject, I have to submit that the Original Certificate of Renewal Registration is not traceable, despite of my best efforts.

My particulars are as follows:-

1. Name of Applicant .....
2. S/o, D/o, W/o .....
3. Date of Birth and Place .....
4. Permanent Address .....
5. Present Address .....

6. Permanent Registration No & Date for which duplicate Registration Certificate is required. -----  
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7. Renewal S.No. & Date Valid Upto -----

8. Qualification & Year of Passing -----

9. Name of College -----

10. Name of University -----

11. Phone No. (O) ----- (R) -----

(M) -----

12. E-mail Id -----

13. Aadhar No. -----

13. Have you ever been convicted in any form -----

If yes:- Present status of the case: -----

Outcome of the case: -----

(P.S.-Copy enclose the copy of the case)

I request you to kindly issue me duplicate Renewal certificate of registration of M.B.B.S qualification. If I find the original one, the same will be deposited with the Council.

Yours faithfully

Date.....

Place.....

(Name & Signature of the Applicant)

## **DECLARATION GIVEN BY THE APPLICANT**

I..... Son/Daughter/Wife of

Shri.....Date of Birth.....

Resident of.....

Here by Declare that the information given above and in the enclosed documents is true to the best of my knowledge and belief and nothing has been concealed therein. I am well aware of the fact that if the information given by me is proved false / not true, I will have to face the punishment as per the law. Also all the benefits availed by me shall be summarily withdrawn.

Place.....

Date.....

(Name & Signature of the Applicant)

### **FOR OFFICE USE ONLY**

Form is complete in all respect  
& no dues is outstanding

May be Prepared

(Dealing Clerk)

(Registrar)

### **Enclosures**

1. Photocopy of Renewal Registration of Certificate of M.B.B.S. issued by R.M.C.
2. D.D. of Total Rs. 600.00 [Rs. 100(form fee) + Rs. 500(Reg. fee)] in favour of Registrar, Rajasthan Medical Council, Jaipur.
3. Self address Envelop size 12'X15' with postage stamps of Rs. 50/- for registered post.
4. Copy of F.I.R.
5. Please sign specimen signature on a paper size (4"X3") with black gel pen.
6. Two copies of Passport size Photograph one affixed on the Form & one spare without self-attested.
7. Self attested photocopy of any I.D. i.e. Driving License / Pan Card / Passport / Voter Id.
8. Self attested photocopy of Aadhar.

### **Note**

1. Forms are accepted between 10.30 A.M. to 3.00 P.M., Lunch hours 1.30 to 2.00 P.M. Cash, Cheques are not accepted.